

## STATE OF MAINE DEPARTMENT OF EDUCATION 23 STATE HOUSE STATION AUGUSTA, ME 04333-0023

A. PENDER MAKIN ACTING COMMISSIONER

## **Audit Extension Request**

**Extension requests will not be considered after June 30** [6 months after audit due date]

Name of School Administrative Unit:		
Please indicate the late document below: (check one box)	For audits, indicated which entity the extension is intended  School Department	
Financial Statement Audit		
Single Audit (A-133)	Municipal Municipal	
Corrective Action Plan	Combined	
Request for opportunity for a hearing OR to submi	it written testimony in lieu of a hearing (	choose one):
☐ In lieu of a hearing pursuant to <u>20-A MRSA</u> §680	01-A(1), I have answered the questions be	elow*.
☐ I request a hearing pursuant to <u>20-A MRSA</u> §688	<u>01-A(1)</u> .	
*The following questions must be answered in lieu  1. Please Explain the reason why the require		ages if needed)
2. What actions will be taken to ensure repo	rting deadlines will be met in the future?	
<b>3.</b> When will the Department receive the req	nuired document(s)?  Date	
Signature – Superintendent of Schools	Date	
Print Name – Superintendent of Schools	email to:  DOE.Audit@maine.gov	Postal mail: Stephanie Clark School Finance & Operations Department of Education 23 State House Station

Augusta ME 04333-0023